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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Pacific island countries

The Executive Director recommends that the Executive Board approve the country programme of the Pacific island countries for the period 1992-1996 in the amount of $7,150,000 from general resources, subject to the availability of funds, and $6,507,000 in supplementary funds, subject to the availability of specific-purpose contributions. The Pacific island countries include: Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Niue, Palau, Western Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

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THE SITUATION OF CHILDREN AND WOMEN

1. The proposed programme covers 13 island countries and Territories in the Pacific region, namely, the Cook Islands, Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Niue, Palau, Western Samoa, the Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu. These islands spread over some 31 million square kilometres of ocean. Their aggregate land area is 64,000 square kilometres, with a total population of 1,782,000. Fiji and the Solomon Islands together account for 71 per cent of the total land area and 60 per cent of the total population. Nine of the 13 island countries are independent, while 4 - the Cook Islands, Niue, Tokelau and Palau - are associate states or Territories.

2. Almost all the countries face problems owing to the isolation imposed by distance and communication barriers. Four of them - Kiribati, Tuvalu, Vanuatu and Western Samoa - are classified as least developed countries. For most countries, economic activities are limited to subsistence agriculture, fisheries and cash-cropping, and tourism is a main source of foreign exchange earnings. Most countries are dependent on external aid and remittances, and national debts are increasing. With an average population growth rate of 2 to 3 per cent per annum, and the economic growth rate in most countries at well below 1 per cent, several countries have experienced severe reductions in resources for public services over recent years.

3. The social environment is changing rapidly as well. Although the majority of Pacific islanders are rural dwellers, population growth in urban centres is much higher than the national average. In Fiji and the Marshall Islands, the proportion of the population living in major urban centres accounts for 22 and 38 per cent, respectively, of the total in each country. The extended family is under stress as a result of isolation in urban areas, with little community or neighbourhood identity. Cultural life is inundated by foreign influences, which alter traditional relationships between parents and chidren.

4. While statistics for the island countries have remained largely inadequate, the recent situation analysis carried out in eight countries has contributed to a better understanding of the problems of children and women in the region. While a number of countries, including Fiji, Samoa and Tonga, have infant mortality rates (IMRs) below 30 per 1,000 live births, a much higher IMR is noted in Kiribati, the Marshall Islands, the Solomon Islands and Vanuatu, ranging from 43 to 80 and more per 1,000 live births. The main causes of death and illness in children are acute respiratory infections (ARI), diarrhoea, complications of birth and prematurity and malnutrition. Malaria is a specific problem in Vanuatu and the Solomon Islands.

5. Malnutrition, diet-related disorders and food security are becoming increasingly serious for most Pacific island countries. Traditional food production systems are being gradually phased out in the process of modernization. The consumption of nutritious, readily available fresh fruits

and vegetables has decreased. Instead, store-bought foods, mainly imported canned goods, have comprised an increasingly large proportion of the diets of island families. These dietary changes have, in turn, heralded changes in nutritional and health status. Owing to the lack of record keeping, it is not possible to determine how much the nutritional status of children has deteriorated as a result of these changes. However, the recent situation analysis carried out in various countries showed that in Fiji, Vanuatu and the Solomon Islands, malnutrition ranges from 15 to 23 per cent among children under five years of age, and protein-energy malnutrition occurs mainly in the post-weaning period, which suggests a major problem with the types of foods given and the frequency of feeding. Deficiencies in such micronutrients as vitamin A are recognized as public health problems in several countries, with Kiribati having a high deficiency rate of vitamin A, at 15 per cent.

6. Most countries have made great strides in providing primary education over the last decade, with primary enrolment rates reaching above 85 per cent. The Solomon Islands, as an exception, has a low rate of 55 per cent. For all 13 countries, drop-out rates at the elementary stage are high, ranging up to 30 per cent. The number of teachers is generally insufficient, and overcrowding of classes is quite common throughout the region. The limited number of places available in secondary schools means that most children must obtain their livelihood in the rural sector, for which their educational background provides few life skills. There are few opportunities for post-primary education, including life skills training. All of this reflects underlying problems of educational quality and relevance.

7. Women have primary responsibility for family welfare, as well as a significant responsibility for family support. Long hours spent on subsistence food production, coupled with the burden of domestic duties, have qualitatively diminished the care and attention they give their children, as well as their own well-being. Gender differentials are noted in school enrolment and drop-out rates, especially in Vanuatu and the Solomon Islands, which can be attributed to the household demand for female labour and the general attitude among families that educating the girl child is a lost investment. The legal situation of women and children in the region is also deficient, especially in terms of the absence of specific legal protection against domestic violence, child abuse and child neglect. The issue is particularly important in view of the changing social life in the islands, as referred to in paragraph 3 above.

8. Although the access of urban populations to water supply and sanitation in the Pacific islands is generally good, the services are inadequate in most rural areas. Only Tonga, Tokelau and Tuvalu claim to have achieved universal access to drinking water, yet even there, problems of safety and inadequacy remain. In the Solomon Islands and Vanuatu, where malaria is endemic, poor access to drinking water encourages households to store water in drums or other standing containers where mosquitoes can breed, with highly lethal effects. Environmental effects of deforestation and large-scale logging on water systems are now drawing increased attention from Governments.

PROGRAMME COOPERATION, 1988-1991

9. The programme for 1988-1992 has been reduced to four years because the annual programme budget levels were increased and the approved funds disbursed ahead of schedule.

10. The basic strategies of the past programme period involved an intercountry programme framework combined with country programming in six countries, namely, the Solomon Islands, Vanuatu, Kiribati, the Marshall Islands, the Federated States of Micronesia and Fiji. The selection was based on their relatively poor indicators for child survival and development (CSD) and on the size of their child populations. The priorities of the programme were CSD, including universal child immunization (UCI) and other child-care interventions, food security and nutrition and social mobilization.

Child survival and development

11. All 13 countries made a commitment to UCI. According to data from the health ministries, at the end of 1990, nine countries had reached 80 per cent coverage by antigens for children under one year of age, with Fiji and Samoa achieving 90 per cent. The Solomon Islands, Vanuatu and the Marshall Islands are among those that have not yet achieved UCI, but the coverage with three doses of combined diphtheria/pertussis/tetanus vaccine is around 70 per cent. The constraints were due mainly to a shortage of government inputs resulting from budget cut-backs in public services. Social mobilization, which was a new concept to most island countries, has been applied in the acceleration of UCI and is now being introduced to other sectors.

12. An external evaluation of the Pacific regional vaccine procurement and distribution system was conducted in early 1991. Over the past years, with assistance from UNICEF and the World Health Organization (WHO), various Pacific island countries have received vaccines through the regional network headquartered at Suva, Fiji. Vaccines are procured in bulk twice a year, shipped to a central cold storage facility and then transshipped to the countries. The evaluation confirmed the usefulness of the system and further suggested government financial participation through a regional trust fund. Consultations were carried out with individual countries, most of which have already responded favourably. This was most relevant in terms of ensuring sustainability of the programme in the Pacific island countries.

13. Health education continued to be an important focus in the intercountry programme. In collaboration with the United Nations Population Fund (UNFPA) and the South Pacific Commission, social mobilization training was conducted in 1990 in the context of the South Pacific Regional Conference of Health Educators. Country-level training for health workers in the 13 island countries has also been conducted on the expanded programme on immunization and the control of diarrhoeal diseases (CDD) project, benefiting a total of 1,600 staff members, including public health nurses, medical assistants, nursing school faculty and selected community medical officers. Some countries are redeveloping ARI formularies and protocols for implementation of

the WHO guidelines. In other countries, however, opposition from either medical or nursing associations has slowed distribution of antibiotics for use by non-physician health-care workers.

Food and nutrition

14. The food and nutrition programme was carried out at both intercountry and country levels. Breast-feeding, proper weaning and child feeding, nutrition education including the concepts of a balanced diet, growth monitoring and CDD have been promoted as main interventions. In addition, household food security and family food production have been supported to develop specific methodologies for extension. A "garden-to-kitchen" approach was demonstrated, which encourages home gardening and fresh nutritious foods for children and women. Support was given to strengthen institutional capacities for national networks, especially agricultural extension. About 20 programme managers and 3,600 extension agents for different areas, including health, education and agriculture, received training and about 9,800 households participated directly in programme activities. The community-based project demonstrations led to the creation in 1990 of a South Pacific Household Food Security Task Force to provide policy and operational guidance to the countries. According to the report of a March 1991 evaluation of the family food production and nutrition project, the project created a climate of opinion in most countries which recognized the connection between food production systems, nutrition and health. The report strongly recommended continued support for the project.

Specific country-level activities

15. Projects responding to specific needs of the countries have been carried out at the country level. In Vanuatu, a major rural sanitation programme has been started with joint support from the United Nations Development Programme (UNDP), the United Nations Capital Development Fund (UNCDF), WHO and the Government of Australia. The targeted beneficiaries are 15,000 households, and the project has stressed a "safe house" incorporating water supply, sanitation, hygiene, malaria control and other primary health-care components. In Micronesia, the Marshall Islands, Fiji, Vanuatu and the Solomon Islands, school health education projects have been well accepted by utilizing the teacher-child-parent approach. Parents' involvement in their children's education has been much increased, not only in health education but also in other subjects. In Kiribati, a vitamin A/nutrition improvement project has been initiated by the Ministry of Health with the joint support of the United States Agency for International Development (USAID), WHO and local non-governmental organizations. The first phase of training activities and initiation of vitamin A capsule distribution has proceeded smoothly. About 50 public health nurses and medical assistants were given one-week nutrition/vitamin A training, while 10,400 children (aged 1-11 years) and 2,000 mothers participated in vitamin A supplementation. Primary school sanitation projects have been implemented in Vanuatu and Micronesia on a small scale.

Advocacy and social mobilization

16. Advocacy and social mobilization, coupled with specific technical support and advice, has achieved marked results in most Pacific island countries. The Prime Ministers of Vanuatu and Western Samoa participated in the World Summit for Children in 1990 and made a personal commitment to achieving the Summit goals. To follow up on the Summit Declaration and the Plan of Action, eight countries have completed situation analyses of children and women, and seven have completed national strategies for children, which provide a framework for the national programmes of action for children. Some quantified, time-bound objectives for improving children's well-being are given in these strategies, which closely mirror the global goals for the 1990s. Most countries have recognized the need for a focal organization to monitor the situation of children and advocate and mobilize resources for priority needs of children. The proposed Pacific Summit for Children in 1992 will provide a strong commitment at both regional and national levels.

RECOMMENDED PROGRAMME COOPERATION, 1992-1996

Recommended general resources: $7,150,000
Supplementary funding: $6,507,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	1 803	-	1 803
Nutrition and household food security	-	1 088	1 088
Education	190	1 114	1 304
Integrated country-based programme c/	3 374	3 268	6 642
Social mobilization	75	1 037	1 112
Programme support	1 708	-	1 708
Total	7 150	6 507	13 657

a/ The breakdown for estimated yearly expenditures is given in table 2.

b/ In addition, there are also funded supplementary funding projects shown in table 2.

c/ The integrated country-based programme contains components for health, nutrition, education, and water supply and sanitation in selected countries.

Programme preparation process

17. Preparation for the new programme commenced with the country-level situation analysis of children and women, first in the Marshall Islands and Vanuatu in mid-1990, and then during 1991 in the other countries. The methodology for the analysis varied, but documentation was prepared by a multidisciplinary national committee, with secretariat support from UNICEF. The Regional Strategy Conference in March 1991 was attended by senior government officials from nine countries. Following that, national strategy workshops were conducted in various countries, which contributed to the formulation of the new programme and provided the basis for the national programmes.

18. A country-based participatory approach in the above process represented the first steps taken in the cooperation between UNICEF and the multi-country Pacific region. This approach also helps to integrate the proposed projects into the overall framework of national development planning and aid coordination mechanisms. As part of country programming, collaboration and partnership with key regional organizations and external assistance agencies have also been strengthened.

Major features of the programme

19. The 1992-1996 programme of cooperation, as presented in full in the master plan of operations, aims to advance the following national goals and objectives for the next five years as reflected in the countries' national strategies for children: (a) to reduce infant and under-five child mortality rates by at least 30 per cent in those countries with moderate to high mortality rates, and by 20 per cent in countries with low mortality rates; (b) to reduce maternal mortality rates in the Solomon Islands, Vanuatu and Micronesia, where the rate exceeds 100 per 100,000 live births; (c) to reduce the level of moderate and severe malnutrition by 50 per cent in the Solomon Islands, Vanuatu, Kiribati, the Marshall Islands, Micronesia and Fiji, and to reduce significantly the prevalence of vitamin A deficiency in Kiribati, the Marshall Islands and Micronesia; (d) to increase access to safe sanitation from 34 to 90 per cent of rural households in Vanuatu; (e) to ensure completion of primary education by at least 90 per cent of all school-age children in the region; and (f) to improve protection for children and women affected by rapid social change.

Programme strategy

20. The two-pronged programming approach adopted in the past programme will continue to be implemented. On the one hand, intercountry programmes will address the common priority needs of children and women in the region by helping to improve maternal and child care, food and nutrition systems and basic education, which will be supported by social mobilization and child monitoring. On the other hand, programmes at the country level, adopting an integrated approach to address particular issues, will be implemented in six selected countries, namely, the Solomon Islands, Vanuatu, Kiribati, the

Marshall Islands, Micronesia and Fiji. In addition, a small-scale subregional programme is being developed to cover the remaining seven countries.

21. The programme stresses the following strategies to support the countries in achieving the above goals: (a) to increase awareness about the issues confronting Pacific children within all sectors of society; (b) to mobilize resources for addressing the needs of children in the context of integrated national programmes for children; (c) to strengthen capacities of key government agencies, non-governmental agencies and community groups in planning, programming, delivery and monitoring of basic services for children; and (d) to strengthen coordination and integration of services for increased effectiveness.

Health

22. Maternal and child health (MCH), including immunization, CDD, ARI, growth monitoring and health education, will continue to be supported in cooperation with WHO, UNFPA and the South Pacific Commission. Training materials will be developed and distributed for use in all the countries. National or subnational assessments of MCH services as recommended by WHO and agreed to by the Governments will be carried out. Oral rehydration salt packets will be supplied and health workers will be trained in the CDD projects of each country. All countries will be assisted in planning and producing information, education and communications support for the health sector. Strengthening community participation will figure prominently in Kiribati, Vanuatu and the Solomon Islands. Malaria control in Vanuatu and the Solomon Islands will be addressed in collaboration with WHO as well as through rural sanitation projects. The health programme as a whole will benefit some 50,000 infants, 250,000 pre-schoolers (aged 1-4 years) and their parents and involved community leaders.

23. The immunization project will be continued to help sustain UCI already achieved in most countries, while giving priority to the Solomon Islands and Vanuatu, where UCI is yet to be achieved. Vaccines will continue to be supplied, and a regional system of vaccine procurement and distribution will be developed and implemented. The system aims to ensure the continuous, timely supply of vaccines to all countries in the region, while helping them become self-sufficient in the financing of vaccine costs.

Nutrition and household food security

24. At the regional level, in collaboration with UNDP and the South Pacific Commission, technical assistance will be provided to the Household Food Security Task Force for developing strategic recommendations on food and nutrition policy, planning and household food security. Guidelines will also be developed on specific issues of concern, including urban household food security, the integration of women into agricultural development, nutritional considerations in cash commodity production, and children and the environment. Breast-feeding will be promoted through health education, advocacy for enactment of the International Code on the Marketing of Breast Milk

Substitutes and adoption of "baby-friendly" maternity unit practices in all countries.

25. At the country level, nutrition and household food security will be incorporated in the country programmes of the six countries referred to in paragraph 20 above. Nutrition education will be included in the school curriculum, and family food production (garden-to-kitchen approach) and training will be promoted. In the Solomon Islands, women's agricultural extension training will be conducted through 400 village women's committees and government agencies to help increase women's access to extension resources and enhance their productive roles. In Micronesia, nutrition education in the schools will use the teacher-child-parent-community approach, with targeted coverage of all 75 schools in the country by 1996. In the Marshall Islands, vitamin supplementation and deworming, nutrition rehabilitation and community-based, follow-up of severely malnourished children will be supported as part of the national programme to reduce the high prevalence of undernutrition. In Kiribati, vitamin A capsules will be distributed to all pre-school and schoolchildren three times per year.

Education

26. The quality and relevance of primary education will be the main issues to be addressed. In collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), UNDP and the University of the South Pacific, the programme aims to develop decentralized, in-service teacher training and professional support in 10 countries, to strengthen linkages between schools, communities and families and to promote the production and distribution of teaching and learning materials that are culturally and pedagogically relevant. Efforts will be made to reduce the drop-out rate, especially of the girl child. The programme will work through 10 national coordinators and 200 national trainers to reach 5,500 teachers and 150,000 primary students, their parents and communities.

27. Young child development will be promoted by strengthening the capacities of the University of the South Pacific and the Pacific Pre-school Council to provide early childhood teacher training and to facilitate national programme development. High priority will be given to the Solomon Islands, Vanuatu, Fiji and Kiribati. Support will be provided to pre-school centres, parent education programmes and for the development of pilot home-based models and communications materials. The project will benefit 500 pre-school teachers, 15,000 pre-school students and their parents, and those young children who are not enrolled in pre-schools.

Water supply and sanitation

28. The programme in this sector will be implemented basically at the country level, in those countries where access to clear drinking water and sanitation is poor. Efforts will be made to strengthen community participation in water supply and sanitation through social mobilization and community action. In the Solomon Islands, school water supply and sanitation will be continued,

with targeted coverage of 91 rural primary schools in two provinces, benefiting 13,000 students. In Vanuatu, in collaboration with UNCDF and the Australian International Development Aid Bureau, support will continue to be provided to the national rural sanitation programme to benefit 15,000 households. Support will also be provided to develop community-based sanitation infrastructure in Kiribati.

Social mobilization

29. While advocacy and social mobilization is built into all of the above programmes, this programme aims to enhance political commitment and develop a policy framework at both regional and national levels. Alliances for children will be created among regional organizations and external assistance agencies, and a single, sustainable regional monitoring system will be developed to support national monitoring systems. Technical assistance will be provided to Governments to review the legal status of children vis-à-vis the provisions of the Convention on the Rights of the Child and to remedy the deficiencies. Family support services such as counselling will also be provided through selected governmental and non-governmental organizations.

Monitoring and evaluation

30. Child monitoring will provide the information base for increasing public awareness of, and policy commitment to, child-focused goals. Support will be provided to the proposed Pacific Summit for Children in 1992 and its follow-up activities in the countries. The monitoring and evaluation of the programmes will be carried out on a continuous basis through field visits by Governments and UNICEF and through regular meetings, annual programme reviews and a mid-term review in the third year of the programme cycle. Detailed plans for monitoring and evaluation of various programmes are included in the master plan of operations.

Programme support and management

31. The programme of cooperation will continue to be managed through the aid coordination units of Pacific Governments, in cooperation with sectoral ministries and national children's coordination bodies. The UNICEF area office at Manila, Philippines, and liaison office at Suva, Fiji, will assist the Pacific Governments in the planning, implementation, monitoring and evaluation of the programmes.

TABLE 1. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988-1991

(In thousands of United States dollars)

COUNTRY: PACIFIC ISLAND COUNTRIES
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $3,250,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	1347	107	216	31	100	27	303	104	1966	269	2235
Water supply and sanitation	77	60		2		15	8	5	85	82	167
Nutrition	179	32	11		150	186	271	295	611	513	1124
Education	19		2	6	31	2	65		117	8	125
Community organization and development							13		13		13
Planning and project support	58		28		405		370		861		861
Freight	83	1					29		112	1	113
GRAND TOTAL	1763	200	257	39	686	230	1059	404	3765 a/	873	4638

GR = General resources.
FSF = Funded supplementary funding.
a/ Including allocations to funds unfunded supplementary funding.

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TABLE 2. PLANNED EXPENDITURE, 1992-1996

(In thousands of United States dollars)

Country: PACIFIC ISLAND COUNTRIES Period covered: 1992-1996	Funding status	1992	1993	1994	1995	1996	Total
Health	GR	335	341	344	385	398	1803
	FSF	95					95
Nutrition and household food security	FSF	22	20				42
	NSF	219	215	237	206	211	1088
Education	GR	60	65	65			190
	NSF	244	225	225	290	130	1114
Child monitoring	GR	20	40	5	5	5	75
Social mobilization	FSF	65					65
	NSF	167	223	209	209	229	1037
Programme support	GR	302	329	349	359	369	1708
Integrated country-based programme	GR	713	655	667	681	658	3374
	FSF	457	130	130	130	135	982
	NSF	559	652	664	629	764	3268
TOTAL	GR	1430	1430	1430	1430	1430	7150
	FSF	639	150	130	130	135	1184
	NSF	1189	1315	1335	1334	1334	6507
GRAND TOTAL		3258	2895	2895	2894	2899	14841

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 3. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: PACIFIC ISLAND COUNTRIES	Number of posts	Amount (Thousands of United States dollars)
FINANCED FROM 1992-1993 APPROVED BUDGET: a/		
International Professional established posts		
Local national Professional and General Service established posts		
Operating costs		
Total		
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources	1	240
Supplementary funds	1	240
Local national Professional and General Service project posts		
General resources	5	130
Supplementary funds	2	80
Total	9	690

a/ The administrative budget for the Pacific island countries is included in the Manila office.

b/ For information source, see the 1992 revised post authorization table, dated 23 July 1991.